

Welcome to Virginia Medicaid Managed Care



MCO Program

- Medallion II - Virginia's Mandatory Medicaid Managed Care Program
- Began in 1996 in Tidewater and has expanded to 114 cities and counties across the state
- Medicaid clients are enrolled into contracted Managed Care Organizations (MCOs)
- As of October 2011, there are approximately 530,000 clients enrolled in managed care with approximately 400,000 of them children
- **The Focus:** to provide access to preventive and coordinated care

MCO Program

- An *MCO* is a managed care organization. It is a managed care health plan in which a group of doctors and other health care providers work together to give the members health care services
- Each person in an MCO has a primary care provider (PCP) that you select from their network
- The PCP is a doctor or other health provider who will manage your or your child's health care and refer (send) you to other providers when necessary
- All family members do not need to be enrolled in the same MCO or PCP. For example, multiple family members have different doctors, and those doctors do not participate in the same MCO.

Comparison of Member Services

Medicaid Fee-For-Service (FFS)

- **Medicaid ID Card**
- **Recipient helpline (not toll-free)**

Managed Care Organization (MCO)

- **MCO member ID card, handbook, and provider directory**
- **Toll-free member helplines**
- **Access to free translation services/language telephone line**
- **24-hour nurse advice line**
- **Access to assistance with medical issues (case management)**
- **Member outreach and health education materials**
- **Access to credentialed providers**
- **No co-payments for Medicaid. Co-payments may apply for FAMIS.**

Eligibility

- Mandatory enrollment of Medicaid and FAMIS clients into a MCO
- The majority of Medicaid clients are eligible for MCO enrollment
- Medicaid clients who are excluded from MCO enrollment receive services through fee-for-service (regular) Medicaid. Those excluded from MCO enrollment include:
 - Other Primary Insurance, including Medicare
 - Foster care/subsidized adoptions
 - Hospitalized at the time of enrollment
 - Individuals in nursing facilities
 - Individuals participating in the Technology Assisted Waiver
 - Individuals institutionalized in a state facility

SAMPLE Enrollment Timeline

- 11/18/2011 – MCO Preassignment Occurs
 - Randomly pre-assigned to an MCO
- 11/20-30 – Pre-assignment letters mailed
- 11/30-12/16 – Call MC Helpline to make choice
- 12/18 – MCO Assignment Processing Occurs
- 12/20-12/31 – MCOs mail ID card, handbook and provider directory
- 1/1/2012 – Managed care enrollment begins – must go to doctor that is part of MCO network. If you do not call by 12/16 to make your choice, you are automatically enrolled in the pre-assigned MCO listed in your letter

Changing MCOs

- 90-days after effective date to change for any reason
- After 90-days, change allowed for good cause when approved by DMAS
- Contact Managed Care Helpline at 1-800-643-2273 to change
- Effective date of change, if requested:
 - Requested before 18th of month, effective 1st of following month (if 18th is weekend/holiday, call last business day prior)
 - example – call January 16th, change effective February 1st
 - Requested after 18th of month, enrollment delayed another month
 - example – call January 20th, change effective March 1st

60-day Re-enrollment

- Member loses Medicaid eligibility -- MCO enrollment ends
- Re-gains Medicaid eligibility within 60 days
- Automatically re-enrolled in previous MCO

Newborn Enrollment

- Babies born to MCO-enrolled mothers (Medallion II, FAMIS MOMS and FAMIS) are automatically covered by mother's MCO for birth month plus 2 additional months
- Mother may change newborn MCO enrollment at any time during the first 3 months if baby has been issued a Medicaid ID#
- Must report birth to DSS to obtain Medicaid ID# for baby. No ID# at end of 3rd month = loss of coverage

ID Cards

- You will receive two ID Cards
 - Medicaid plastic ID card (issued by DSS)
 - MCO ID card (mailed by your MCO)
- Take both cards with you every time you go to an appointment

Transportation

- MCOs provide pre-approved transportation if you need to take your child to a physician or a health care facility and you do not have any other means of transportation
- Call your MCO at least 5 business days before the scheduled medical appointment to arrange for transportation
- Trips must be for a Medicaid covered service and must be medically necessary

Examples: doctor appointments, counseling, dialysis, dental appointments, etc.

- MCO transportation cannot make stops for shopping except if you need to go to a pharmacy to pick up a prescription that is being filled

*FAMIS individuals are not eligible for routine transportation services

MCO Carved Out Services

Carved-out services are paid through the Medicaid Fee-For-Service Program

The MCO provides transportation to these services

- **Community Mental Health Rehabilitative Services:**
 - **Intensive In-Home Services for Children and Adolescents**
 - **Therapeutic Day Treatment for Children and Adolescents**
 - **Day Treatment/Partial Hospitalization**
 - **Psychosocial Rehabilitation**
 - **Crisis Intervention**
 - **Intensive Community Treatment**
 - **Crisis Stabilization Services**
 - **Mental Health Support Services**
 - **Case Management**
- **Mental Retardation Community Services:**
 - **Case Management Services**
- **Private Duty Nursing for HCBS waiver enrollees**
- **Substance Abuse Treatment Services:**
 - **Substance Abuse Crisis Intervention**
 - **Substance Abuse Intensive Outpatient**
 - **Substance Abuse Day Treatment**
 - **Opioid Treatment**
 - **Substance Abuse Case Management**
- **Dental (*Smiles For Children*)**
- **School Health Services**
- **Specialized Infant Formula for Children Under Age 21**
- **Health Department Lead Investigations**
- **Early Intervention Services**
- **Personal Care services**

Dental

(Smiles For Children)

- Dental services are provided through the *Smiles For Children* program
- If you need help finding a dentist or making a dental appointment, call 1-888-912-3456 to speak with a *Smiles For Children* representative
- There are no costs for dental care services in the *Smiles for Children* program
- There is no special *Smiles For Children* dental card. You may use either your child's Commonwealth of Virginia plastic ID card or MCO member ID card
- More information available at http://dmasva.dmas.virginia.gov/Content_pgs/dnt-enrollees.aspx

What If. . .

- | | |
|--|--|
| ? I have an emergency | ✓ Call your PCP if you have time, or Call 911, or go to the nearest hospital emergency room |
| ? I need to change the doctor on the card | ✓ Call MCO member services number on the back of the card |
| ? My doctor is not in the MCO network | ✓ Call MCO member services to select an in-network provider |
| ? I need transportation to an appointment | ✓ Call MCO Transportation services in advance to schedule |
| ? I want to know if a service is covered | ✓ Call MCO member services number on the back of the card |
| ? I need a referral to another doctor | ✓ Contact the doctor to obtain referrals |

What If. . .

- | | |
|--|--|
| ? I need to change MCOs | ✓ Call the Managed Care HelpLine |
| ? I have more than one family member and they are in different MCOs | ✓ Call the Managed Care HelpLine and ask if they can be enrolled with the same MCO. Your doctors will need to be in the MCO's network |
| ? I have a baby, move, get married or have other changes | ✓ Call your Social Worker at your local DSS |
| ? I lose the Medicaid Card | ✓ Call your Social Worker at your local DSS |
| ? I lose the MCO card | ✓ Call MCO Member Services |

MCO Member Services

Amerigroup	1-800-600-4441
Anthem HealthKeepers Plus	1-800-901-0020
CareNet – Southern Health	1-800-279-1878
MajestaCare	1-866-996-9140
Optima Family Care	1-800-881-2166
Virginia Premier Health Plan	1-888-338-4579

**Not all MCOs participate in every area.

Managed Care HelpLine

Managed Care HelpLine

1-800-643-2273

TDD: 1-800-817-6608

8:30 am – 6:00 pm

Monday through Friday

FAMIS MCO Enrollment

- Will be randomly assigned to one of the participating MCOs
- No open enrollment. Annual renewal by program anniversary date

FAMIS - Changing MCOs

- 90 days after effective date to request a MCO change
- After this 90 day period, they must have a good cause reason (approved by FAMIS) for a MCO change prior to their renewal date

FAMIS CPU

Central Processing Unit

1-866-87FAMIS

(1-866-873-2647)

TDD:1-888-221-1590

8 a.m. to 7 p.m. Monday - Friday

9 a.m. to 12 noon Saturday

Visit Us On The Web

www.dmas.virginia.gov

www.virginiamanagedcare.com

www.famis.org